

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

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Personal privacy information

Row 1	Reporter name: [REDACTED]	Submission date: 07/24/2012	Contact person (if different than reporter)	Internal ID 1-30681339
Administrative Data	Address: Maryland		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: New	Location and date of incident Maryland Unknown	Date registrant became aware of incident: 6/29/2012	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) 2382-104	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Amitraz	A.I. (s)	A.I. (s)	
	Product 1 Name Preventic Collar for Dogs 18 in collar	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes	
Incident Circumstances	Applicator certified PCO? Not applicable			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description			

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*6/29/2012 7:43:14 AM preventic collar
No packaging avail. Discarded previously.*

Daughter having high levels of lead in blood samples. May have incidental contact with collars when handling pets.

Caller asking if lead in collars worn by the dogs.

A:

- 1) No lead in dog flea collars.*
- 2) Would be difficult for child to acquire lead levels from dermal contact with pet.*
- 3) If child symptomatic, then would expect dogs to be at risk also.*

lot # not given

Caller disconnected abruptly before address etc obtained.

7/2/2012 10:30:25 AM reviewed



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>Unknown</i> Sex: <i>Female</i> Occupation: (if relevant)	Exposure route: <i>Unknown</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)? <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects. <i>Other Heme/Hepatic - high levels of lead in blood, Unable to determine;</i>		If lab tests were performed, list test names and results (If available, submit reports). <i>high levels of lead in blood</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)



Internal ID #
1-30681339